

**Bureau of Emergency Medical Services'**  
**Policy:**  
**Format for Submission of Trauma Registry Data to Bureau of EMS**

**PURPOSE**

To establish the format for submission of data to the State Trauma Registry. This policy will standardize a format to be used by all facilities for the submission of data elements for the State Trauma Registry to the Bureau of Emergency Medical Services.

**POLICY**

All Trauma Centers shall submit their data (and other facilities utilizing the State Trauma Registry may submit their data) on a quarterly basis on a 3.5" standard floppy disc. The data on the disc must be in a .dbf file type to allow the State Trauma Registry to be uploaded and display the data from the reporting hospital or agency.

**AUTHORITY**

A.R.S. 36-2222, "Trauma centers shall submit to the department a uniform data set for the trauma patient as prescribed by the department. Advanced life support hospitals that are not trauma centers may also submit data to the department."

**APPLICABILITY**

This policy and procedure applies to all trauma center facilities and to non trauma centers participating in the trauma registry as well.

**DEFINITIONS**

Trauma Center - "an acute care facility that provides twenty- four hour dedicated trauma services."

- A. Non-trauma center - an acute care facility that handles emergencies but does not have a dedicated trauma service.
- C. Trauma Registry - data collected by the department on trauma patients including incidence, causes, severity, outcomes and operations of a trauma system and its components.
- D. dbf file type - is a file that contains data that is readable by DBaseIV
- E. Department - Department of Health Services.
- F. Field name - computer defined symbol that represents the English words for the data elements entered into the field (space) on the computer screen.
- G. Field type - identifies the field name as either a character (letters or numbers) or a date.
- H. Field width - the number of spaces required to complete the field name

**DIVISION PRIMARY POSITION OF RESPONSIBILITY**

Bureau Chief of the Bureau of EMS

**PROCEDURE**

The trauma registry data shall be downloaded by each facility on a quarterly basis to a 3.5" floppy disc and mailed or hand delivered to the Bureau of EMS, addressed to the attention of the Trauma Coordinator.

**A. Labeling of Disk**

The disc will be labeled with the facility name with the words "for QA purposes, work in progress" marked on the label. The date range for the cases will also be written on the label.

**B. Delivery of Disk to BEMS.**

Discs must be received by the last date of each quarter according to the following date range:

<u>Case Date Range</u>	<u>Received By</u>
1/01 -3/31	6/30
4/1 - 6/30	9/30
7/1 - 9/30	12/31
10/1- 12/31	3/31

**C. Fields Required by State Trauma Registry**

The following list is a description of the fields required by the State Trauma Registry in the format that must be submitted in order to assure data readability. Certain fields require state supplied data, and the list of these data are provided on pages 2-3 of this document.

There are 85 required fields for the State Trauma Registry, and fewer for the Trauma Registry Pilot Study.

(\*) Indicates a field that must contain data supplied by the State Trauma Registry.

(\*\*) Indicates a field that must contain data supplied by the State Trauma Registry in a specific order, which will be provided to all users.

(+) The field names, type, width and number of fields are subject to change based upon the state software needs.

<u>Field Name</u>	<u>English Name</u>	<u>Field Type</u>	<u>Field Width</u>
registerno	registration number	Character	5
socsecno	social security number	Character	11
crashno	crash number	Character	16
prehospno	prehospital number	Character	10
injtime	injury time	Character	4
age	age	Character	3
sex	sex	Character	3
race*	race	Character	3
birthdate	birth date	Date	10
fipsscene	FIPS scene number	Character	5
fipshome	FIPS home number	Character	5
ecode849	E Code place	Character	6
ecode	E Code cause	Character	6
safteyeqpt*	safety equipment used	Character	3
workrelate	work related injury	Character	3
phgcstotal	Pre hosp.GCS total score	Character	3
phgcseye	Pre hosp. GCS eye score	Character	3

phgcsvrb	Pre hosp. GCS verbal score	Character	3
phgcsmttr	Pre hosp. GCS motor score	Character	3
phresprate	Pre hosp. Respirator rate	Character	3
phsystolic	Pre hosp. Systolic BP	Character	3
phtriage**	Pre hosp. Triage criteria	Character	22
vehnoph*	Pre hosp. vehicle number	Character	5
pharrest	Pre hosp. cardiac arrest	Character	4
responmins	Pre hosp. minutes to respond	Character	3
scenemins	Pre hosp. scene time	Character	3
transpmins	Pre hosp. transport time	Character	3
designatby	Who identified Pt. as trauma	Character	3
eddate	Arrival date in ED	Date	8
edtime	Arrival time in ED	Character	4
edresponse*	Trauma team availability	Character	3
hospstatus*	facility status to treat	Character	3
edgcstotal	ED GCS total score	Character	3
edgcseye	ED GCS eye score	Character	3
edgcsvrb	ED GCS verbal score	Character	3
edgcsmttr	ED GCS motor score	Character	3
edresprate	ED respiratory rate	Character	3
edsystolic	ED systolic BP	Character	3
edalcohol	ED Alcohol level	Character	3
eddrugs**	ED drug levels	Character	11
edmins	Time spent in ED	Character	3
eddispostn	Disposition from ED	Character	3
icudays	Number of ICU days	Character	3
opdate	Date of Surgery	Date	8
optime	Time of Surgery	Character	4
hospdays	Number of hosp. days	Character	3
dcdispostn*	Discharge Dispo from hosp.	Character	3
expression*	Pt. expression on disch.	Character	3
feeding*	Pt. ability to feed on disch.	Character	3
locomotion*	Pt. ability to move on disch.	Character	3
rehabpot*	Rehab. potential on disch.	Character	3
facnoout*	Discharge facility number	Character	5
autopsyno	Autopsy number	Character	16
organdonor	Organ donor number	Character	3
injsevscor	Injury severity score	Character	3
pcode 1-20	Procedure code	Character	5
ncode 1-20	ICD9 code	Character	6
Nregval 1-20	ICD9 code, body region & AIS value	Character	7

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**\*\*Phtriage**

Triage Criteria data must have a **y** or an **n** next to each field. The fields are as follows:

Triage Criteria - will be a **y** or **n**, or may be NA or UNK. If **y** or **n**, indicate the same for all of the following fields:

- Airway
- Amputation
- Burn
- Fractures
- Paralysis
- Penetration
- Other Anatomic
- Fall
- Bicycle
- Motorcycle
- Damage to vehicle
- Death
- Ejection
- Extrication
- Rollover
- Other MV
- Pedestrian
- Other Etiology

**\*\*Eddrugs**

Eddrugs fields must have a **y** or an **n** next to each field. The fields are as follows:

Eddrugs - will be **y** or **n**, or may be NA or UNK. If **y** or **n**, indicate the same for the following:

- Amphetamine
- Barbiturate
- Benzodiazepine
- Cocaine
- Marijuana
- Opiate
- PCP

Approved by STAB: 9/23/99